

## On-site Continuing Education Log

Date(s)	Activity Description	Instructor Name (if applicable)	Location of Activity	Prof. Dev. Hours (PDH)

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

\_\_\_\_\_  
Date and place

**X**  
 \_\_\_\_\_  
 Signature

**Note:** A total of 45 professional development hours (PDH) must be accumulated for any given 3 year period.  
 See WAC 196-34 for details and conversion factors.